

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/531483

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1			
3	2		1			
4	2		1			
5	2		1			
6	①		1			
7	2		1			
8			1			
9			1			
10	⑧		—			
11	①		1			
12			—			
13			1			
14			1			
15			1			
16			1			
17			1			
18			1			
19			1			
20			1			
21			1			
22			1			
23			—			
24			—			
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44			—			
45			—			
46			—			
47			—			
48			—			
49			—			
50			—			
TOTAL IND.			3			
TOTAL DEP.		←	17	←	←	
TOTAL CLAIMS			20			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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97						
98						
99						
100						
TOTAL IND.				↓		
TOTAL DEP.		←			↓	
TOTAL CLAIMS				←	←	←